

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001666

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

499

STATE FILE NUMBER

AMENDED

FEB 13 1962

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas city</i>		c. CITY OR TOWN <i>Shawnee Mission</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Lakeside Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>4754 Cana-hung</i>	
3. NAME OF DECEASED (Type or print) First <i>DEWEY</i> Middle <i>M</i> Last <i>FULGHAM</i>		4. DATE OF DEATH Month <i>1</i> Day <i>27</i> Year <i>1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9-9-1919</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	
11. BIRTHPLACE (City and state or country) <i>Texas</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Cloma Fulgham</i>		13b. MOTHER'S MAIDEN NAME <i>Mae Smith</i>	
14. NAME OF HUSBAND OR WIFE <i>Katrina</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes WWII</i>	
16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Katrina Fulgham</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronal & Myocardial Arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Laryngeal spasm & rupture left lung</i> DUE TO (c) <i>hypophyseal reaction to hypophysectomy</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>—</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>—</i>	
20c. TIME OF INJURY Hour <i>—</i> a.m. <i>—</i> p.m. <i>—</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>		20f. CITY, TOWN, OR LOCATION <i>—</i>	
21. I attended the deceased from <i>Dec 1, 1961</i> to <i>Jan 27, 1962</i> and last saw her alive on <i>Jan 27, 1962</i> Death occurred at <i>11:15 am</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <i>1/28/62</i>	
22a. SIGNATURE <i>J. C. Sheck</i>		22b. ADDRESS <i>200 East New York Highway</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>1-28-1962</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Restland Cem</i>		23d. LOCATION (City, town, or county) <i>Dallas, Texas</i>	
24. FUNERAL DIRECTOR <i>Lawrence Bess</i>		25. DATE RECD. BY LOCAL REG. <i>1-28-62</i>	
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>		27. ADDRESS <i>X.C. Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed Le Passantino

Licensed Embalmer No. 4554

P. O. Address 16 C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.